

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**MEALS & RENTALS LICENSE DATA UPDATE**

After completing the applicable section below, detach this form from the booklet and remit to:

**NH DEPT OF REVENUE ADMINISTRATION  
COLLECTION DIVISION  
PO BOX 454  
CONCORD NH 03302-0454**

**LICENSE #** \_\_\_\_\_  
(ENTER LICENSE NUMBER ABOVE)

**PRIOR BUSINESS MAILING ADDRESS**

BUSINESS NAME
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

**NEW BUSINESS MAILING ADDRESS CHANGE**

BUSINESS NAME
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

**BUSINESS NAME CHANGE**

CHANGE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NOTE: DO NOT USE THIS FORM TO REPORT AN ENTITY CHANGE, FILE A FORM CD-3 TO REPORT AN ENTITY CHANGE.

**REQUEST FOR CHANGE IN FILING REQUIREMENTS**

I request my filing requirements be changed

**FROM:** \_\_\_\_\_ - \_\_\_\_\_  
month beginning month ending

**TO:** \_\_\_\_\_ - \_\_\_\_\_  
month beginning month ending

I understand a return must be filed for each month in which my license is active, even though there may be no tax due.

FOR DRA USE ONLY

SIGNATURE (IN INK)

DATE